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DECLARATION FO		First Named I	nventor	Thompson, R.J.		
PATENT APPLICATION			COMPLETE IF KNOWN			
(37 CFR 1		Application Nu	ımber 6	9 1520,110		
	Declaration Submitted after Initial	Filing Date	03	107/2000		
Submitted OR / With Initial Filing		Group Art Unit		373.7		
	ling (surcharge 7 CFR 1,16 (e)) quired)	Examiner Nan	ne			
befeve am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Expanded Clitoral Sensition of Clitoral Sensition of the livery of the patents with Methods and Apparatus for the Delivery of the Invention) the specification of which (Title of the Invention)						
Prior Foreign Application Number(s)	Country	Foreign Filling Date (MM/DO/YYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
			0000	0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filling Date (MWDD/YYYY)						
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U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Num Number (MMDD/YYYY) (if applicable)	be
09/340,227 (21/4) 09/340,227 (07/01/4)	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto	١.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the and Trademark Office connected therewith: Customer Number Place Customer Number Registered practitioner(s) name/registration number listed below Label here	
Name Registration Registration Registration	
Donald N. Halgren 27056 Owen J. Maegan 19643	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.	
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address to	жю
Name Donald N. Halgren	
Address 35 Central Street	
Address Manchester	
City Mancheston State MA DP 0/944	
Country USA Telephone 978-526-800 Fax 978-526-841	Ÿ
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of application or any patent issued thereon.	are
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor	
Given Name (first and middle [if anyl) Family Name or Sumame	_
Inventors Thompson	 -
Residence: City Ft. Thomas State Ky Country US Chiladala (A)	<u>100</u>
Post Office Address 110 Stan beary Ridge	
Post Office Address	
CHY FTThough state KY ZD 41075 Country CS	
Additional inventors are being named on the supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached her	reto

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